	M	ULTIP	LE DE	NDE	NT CL	AIM		SERIAL	NO.					
9	MULTIPLE DE NOENT CLAIM FEE CALCULATION SHEET								FILING DATE					
	(FOR USE WITH FORM PTO-875)  CLAIM								INT(S)	101	137	57	21	
	AS FILED AFTER AFTER							<u>AS</u>	T	/ 7		16	A.	
	IND.	IND. DEP.		I'AMENOMENT IND. DEP.		ENDMENT	4	1	AS	FILED	AFTER "AMENDMENT		AFTER 2 MAMENDMENT	
1 2				DET.	IND.	DEP.	-	51	IND.	DEP.	IND.	DEP.	IND.	DEP.
3		1					1 1	52						
5		$I_{r}$					1 1	53 54						
6		7'					<b> </b>	55						
		+++						56 57						
9		T					-	58 59						
11		1		-1				60						
12 13							-	61:						
14	1							63			-			
15 16	—   <sub>1</sub>							65						
17 18								66						
19								68						$\dashv$
20								69 70						$\exists$
22 23	1,						7	2						
24							7.	3						$\neg$
25 26	- $+$ $T$		1				7:	5						7
27 28	1,1	$\exists =$					76				1			
29	15				+	7	78							-1
30		-	1	1_			79 80						1	7
32							81 82		1=		1_	1_		1
33 34					-	7	83	1	1_			1	<del>                                     </del>	-1
35 36		1	1		1	1	84 85			┨	<del></del>			7
37					1	-	86	<del> </del>		1	1	1_		1
38 39	<del> </del>	<del> </del>	<del> </del>	-	<b> </b>	7	88					1	<del> </del>	-{
40						1	89 90		<del> </del>	<del> </del>	<del> </del>			7
42						1	91 92	ļ						1
43						1	93 94							1
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47							96 97							
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TOTAL BID	*		+		#		OTAL IND	T	+		+		#	
TOTAL DET	<del>*</del>	<del></del>	+	-	<b>←</b> ]	-	OTAL DEP		<b>4</b>		<b>+</b>		<b>(</b>	
CARE S							TOTAL CLAMCS							•
640-000 GEV. 1040				,				(U.S	L DEPARTM	CENT of COAC	MORCE			